

McLaren House Limited

McLaren House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection on 11 February 2015. The inspection was unannounced.

The provider is registered for accommodation and personal care for up to nine people who have mental health needs. At the time of our inspection six people lived at the home.

The provider is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy with the services provided at the home. They felt that staff understood their needs and they felt safe. Staff numbers were assessed and planned for so that people received the right care at the right time to meet their needs and promote their safety.

Summary of findings

The health and welfare needs of people were met because staff received appropriate training and were knowledgeable about the needs of people who lived at the home.

We saw people were given choices about their care and support. This enabled people to be involved in the decisions about how they would like their care and support delivered. We did not see any care that deprived anyone of their freedoms and liberties.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet. Staff were aware of people's food and drink likes and dislikes.

People were supported to access healthcare services to maintain and promote their health and well-being.

We observed people were treated with dignity and respect. People told us that the staff were kind to them. It was apparent to us from our observations that staff were attentive, polite and sought consent before they provided support.

Staff supported people to maintain their independence in the home or by going out into the community. When people's needs changed staff were able to respond to these so that people received the support they needed at the right time and in the right way.

People were supported in a wide range of interests, usually on an individual basis, which were suited to their needs.

People who lived at the home told us that they could speak to staff and the registered manager about their concerns and that they would be listened to.

The registered manager obtained feedback from people about the services they received to identify where improvements could be made. People told us that they felt that the services they received were run in their best interests.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is safe.

Staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and their care plans described the actions staff should take to minimise their identified risks. Staff were recruited safely and there were sufficient staff to support people safely.

Good



Is the service effective?

The service is effective.

The registered manager understood the Mental Capacity Act 2005 and we did not observe any restrictions of people's liberty during our inspection. Staff were supported in their caring roles. The skills they had learnt through training and developed in practice enabled staff to provide good quality care. People were actively supported to eat well and remain healthy.

Good



Is the service caring?

The service is caring.

People were supported by staff who were caring and treated people as individuals. People were involved in the care and support they received so that it met their preferences. Staff respected people's dignity and privacy when meeting their needs.

Good



Is the service responsive?

The service is responsive.

People had their individual needs regularly assessed and consistently met.

People were supported to take part in social and leisure based activities which reduced the risk of social isolation. There were arrangements in place so that complaints made were listened to and acted upon.

Good



Is the service well-led?

The service is well led.

People's experiences of the care and support they received were sought and listened to so that improvements could be made. Staff were supported by the registered manager and had a good understanding of their roles and responsibilities.

Good



McLaren House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 February 2015 and was unannounced. The inspection team consisted of two inspectors.

During our inspection we reviewed the information we held about the service and the provider. We looked at information about any concerns which had been raised with us and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with the registered manager and four staff. We met all the people who lived at the home and spoke with four. We observed the support people received from staff which included how their medicines were administered. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who lived at the home.

We looked at three people's care plans and checked the records about how they were cared for and supported. We also looked at three staff files and records of meetings, complaints and compliments, accident and incident records. In addition to this we looked at management records of the checks the provider made to assure themselves people received a quality service.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and comfortable with the staff who cared and supported them. One person told us, “Staff make me feel safe.” Another person said, “If I am going to be in a home this is the place. It is homely and safe here.”

Staff we spoke with confirmed that they thought people were safe and they had never witnessed any ill treatment of people in the home. They told us they had received training in how to recognise and respond to allegations or incidents of abuse. Staff understood the process for reporting concerns and escalating them to external agencies if needed. This showed that staff had the knowledge to protect people from the risk of harm or abuse.

Risks to people were recognised and assessed and staff had information to promote people’s safety and this matched what staff told us. During the day we saw people were supported to lead their lives by staff who knew how to manage individual risks to people so that these were reduced. For example, staff were able to describe the support some people needed to go out or make meals.

We saw from people’s care records there was detailed staff guidance to reduce the risks of accidents and incidents that may result in injury to people. However, if an accident or incident did happen we saw recordings that confirmed staff had completed accident forms. The recordings informed us that actions had been taken as a result of accidents and where possible systems put in place to reduce them from happening again.

The provider had suitable arrangements in place to respond to emergencies. These included an on-call rota system for staff to use for advice and support outside of business hours. There were also fire safety prevention measures so that people’s safety would be maintained with their needs met which included regular fire drills so that people would know how to respond in the event of a fire.

All people spoken with were happy for staff to support them with their medicines. One person told us, “I am happy for staff to give me my tablets. I would never remember them otherwise.” We observed two members of staff administering medicines to some people and saw they followed safe practices. Staff received training in the safe handling and administration of medicines and had their competency assessed. We reviewed the medicine administration for people who lived at the home and we found the systems were safe and people received their medicines as prescribed.

On the day of our inspection we saw that there were enough staff to meet people’s needs. All people we spoke with told us that there were enough staff on duty to meet their needs and staff were quick to respond. One person told us, “They (staff) are always there whenever I need them.” Another person said, “Staff have always got time to have a chat and help me with something.” Staff we spoke with told us they felt there were enough staff working at the home to meet the needs of people.

The staff rota showed that a consistent number of staff were on duty to maintain the minimum staffing levels stated by the registered manager. We saw that they had assessed and kept staffing levels reviewed against the dependency needs of people who lived at the home. The registered manager told us they worked at the home most of the time while they were recruiting a deputy manager. This showed systems were in place so that there were appropriate levels of staff with the right skill mix to provide people with care and support when needed.

Effective systems were used to make sure staff were only employed if they were suitable and safe to work in a care environment. During our inspection we looked at the records around staff recruitment. We saw that all the checks and information required by law had been obtained before new staff were offered employment at the home.

Is the service effective?

Our findings

People we spoke with told us they did not have any concerns with the ability of staff to meet their needs. All the responses we received were positive as people felt supported by staff. One person told us, "I would not cope without staff helping me, they definitely know what they are doing." Another person said, "Good quality of life here. Changed my life for the better, much improved due to staff really helping me and the care they give to me."

One staff member told us about their induction. They told us, "Staff to introduced me to the people here and I worked alongside experienced staff so that I became familiar with people's routines." They said they went through their induction process with the registered manager on a weekly basis and felt, "[The registered manager's name] is very thorough. I feel I can approach [them] for anything. It was an good induction, it worked for me."

Staff told us they enjoyed working at the home and some had been employed for many years. They said they had regular support from the registered manager where they were able to discuss the need for any extra training and their personal development. The registered manager acknowledged that formal supervision sessions for staff were not as regular as they once were, but would improve the frequency of formal supervisions. However, staff we spoke with did not feel unsupported as it was a small staff group. They were able to talk with the registered manager on a daily basis about their roles and any concerns they had.

Staff we spoke with told us they had received the training they needed to be able to their jobs effectively. Staff told us that they would be able to raise any training needs with the registered manager on a one to one basis or at staff meetings. Staff said they had received training that helped them to meet the specific needs of people they provided care and support to. This included diabetes training to meet the individual needs of people who lived at the home. We looked at training records which confirmed this. This meant that the registered manager was able to identify areas where staff needed additional support and provided training to enable staff to meet people's needs.

During our inspection we saw staff put their training into practice when they supported people to monitor and meet

their health needs. For example, staff demonstrated good knowledge about why people needed their blood pressures done. They were also aware that people needed regular blood tests if they were taking certain medicines.

People received support from health care professionals when needed. All the people we spoke with said they could see a doctor when they wanted. One person told us, "I think my mental health has improved since being in the home." Another person said, "Staff are very attentive [to my needs] and are able to tell if I'm having a bad day just by looking at me." Staff told us that if people became unwell they booked an appointment with the person's doctor and we saw this was the case.

People felt they were supported and encouraged to make decisions about their care and support. We saw that refresher training was needed for staff in respect of the Mental Capacity Act 2005. This was because some staff were not able to adequately demonstrate knowledge in this area. The registered manager assured us they would organise training for staff to attend. The registered manager understood what their responsibilities were under the Mental Capacity Act 2005 and knew that decisions should be made for people in their best interests if the person could not make decisions for themselves. The registered manager told us that people who lived at the home at the time of our inspection had the capacity to make decisions. The care records we looked at confirmed this was the case.

The registered manager displayed a good understanding of the Deprivation of Liberty Safeguarding (DoLS) and told us there was no one who currently lived at the home who required an application for a DoLS. However the registered manager knew that if this changed an application to deprive someone of their liberty should be made to the supervisory body for assessment purposes. We did not observe people being potentially restricted and or their liberty deprived by staff practices. We found staff were receiving training in DoLS to increase their knowledge so that people were protected.

All people we spoke with were very happy with the choice and standard of meals provided. One person told us, "We have choices and the food is lovely." Another person said, "The food is very good and I have learnt how to cook." Mealtime experiences met people's needs and preferences. We saw that the dining room was a pleasant room for

Is the service effective?

people to eat their meals. We saw the choices were clearly displayed and people discussed meal planning with staff. We noted that on one day a person did not like either of the choices and had been provided with an alternative.

People who needed support to ensure that they ate and drank enough to keep them healthy were given this support. Records showed that people had assessments to

identify what food and drink they needed to keep them well and what they liked to eat. Records of people's weights and the food and drink they had taken were maintained. We saw evidence that people's care plans were updated as their needs changed so that people had effective support to eat and drink enough to maintain their well-being.

Is the service caring?

Our findings

People told us that staff were extremely caring and very kind and that they felt very comfortable with the staff. One person told us, “Staff do really care and help.” Another person said, “Staff are nice.” Following lunch we observed staff chatting with a person in the dining room during their lunch break. There was banter between staff and people who lived at the home and we saw occasions where people were laughing together at things staff were saying. This showed there was a mutual respect between people who lived at the home and staff.

We heard staff speaking with people in a kind tone of voice. We saw staff were patient and understanding when a person was slow to take their medicines. This demonstrated staff practices were led and centred around the person. Staff appeared relaxed and chatted with people, rather than standing waiting for them to take their medicine.

All people we spoke with told us they felt involved in their care and in decisions in how they were supported. One person told us, “I choose what I need help with and discuss this with staff.” Another person said they were getting the care they needed in the way they wanted. For example, one person told us they liked to have a key to their room. Another person told us they had all chosen where to go on holiday. Everyone was offered a choice of food and where to spend their time. We also saw that people were supported to choose when to get up and when to go to bed. This showed people had been involved in making decisions about their care and support.

During our observations we found that overall people had positive experiences. The staff supporting them knew what

care they needed and they respected people’s wishes. The support that we saw being given to people matched what their care records said they needed and promoted people’s levels of independence. People were free to access all areas of the home. Staff supported people in maintaining their daily living skills. For example, doing washing, ironing, setting the dining tables and clearing away after meals. One staff member told us, “I try to encourage them to do as much as they can do themselves.”

We saw that staff responded to people’s requests in a kind and caring way. When staff spoke about people who lived at the home they did so in a respectful way by listening to what people wanted to do. There were no set routines in the home and people were supported to have the freedom to live their life as they wanted to. People were supported to develop their social networks and participate in wider community activities as part of these choices which were respected by staff. For example, some people chose to go to visit places they were interested in.

People we spoke with told us that staff respected their privacy and dignity. A person showed us the key to their room and said staff only came into their room if they told them to and always knocked their door. We saw staff protected people’s privacy. For example, they knocked on the doors to people’s private space before they entered and waited to be invited in. There were areas in the home where people could sit quietly away from their rooms if they wanted to spend time away from other people or quietly with relatives or friends. We saw that staff spoke in a respectful manner in all their conversations with people. Staff showed they were aware of the importance of treating people with respect and talking with them and this maintained people’s dignity and well-being.

Is the service responsive?

Our findings

All the people who used the service felt that staff responded to their support needs and they were listened to. One person told us, “If anything was wrong (staff) would listen to me and help to put it right.” Another person said, “The staff know what my needs are and have helped me to learn different things, like cooking.” Our observations throughout the day showed that people were responded to appropriately when people showed they wanted or requested support.

There was a personalised approach to meeting people’s needs so that they received support in the right way for them. We saw that people had been involved in their plans so that their individual preferences and abilities. People’s care plans matched the level and type of support people received to reach the goals in their lives. People also had access to information about how their needs could be met and when they needed extra support with their behaviour. We also saw people were advised about how they could remain healthy. For example, people received advice from their doctors about how smoking can be detrimental to their health. However, we saw it was very much each person’s choice if they smoked or not and whether they wanted staff to support them to reduce their smoking. These different approaches helped people feel in control of the decisions made to meet their needs and shaped how support was delivered.

All the staff we spoke with had knowledge of the needs of the people who lived at the home. We saw that staff helped and supported people. Staff told us that the amount of support that a person required was always based on an individual's needs. We asked staff about some of the needs of the people who lived at the home. A member of staff demonstrated in-depth knowledge about people’s mental health needs and the support people needed in their everyday lives. They also described the actions that were

needed to effectively support people with their individual feelings. This matched the care records we looked at which provided detailed information about people and their needs. These were clearly written to inform staff how they needed to support people. They included potential behavioural problems, possible triggers and what staff should do to diffuse the situation.

People had opportunities to be involved in interests and hobbies. One person told us, “I like to read books and I enjoy arts classes. Another person said, “I like listening to music on my IPOD.” People were offered a range of day trips and socialising events. One person’s care records informed us they went bowling, did personal shopping, bought birthday presents for relatives and went out to lunch. A staff member told us that people were encouraged to do in-house pastimes of their personal choice each evening. They told us what each person preferred to do and those who did not want to get involved with activities. Staff also knew which television programmes people preferred to watch. The registered manager told us all of the people who lived at the home were going out to a socialising event the next evening.

People felt they could speak with staff and tell them if they were unhappy with the services they received. They told us they did not currently have any concerns but would feel comfortable telling the staff or the registered manager if they did. One person told us, “If I have any problems I would confide in the staff.”

People could be assured their concerns would be responded to. There was a clear procedure for staff to follow should a concern be raised. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them immediately to the registered manager. We looked at the complaints file and saw that no complaints had been made since the previous inspection in May 2014.

Is the service well-led?

Our findings

We asked people who lived at the home about the management at the home. One person who lived at the home told us, “[The registered manager] knows I think [their] good. We have a laugh.” Another person said, “I’ve made a lot of friends here. I have a very good life here.” These responses and our observations during our inspection showed that people considered the home was well managed and staff understood the needs of people who lived at the home.

At this inspection we found that the registered manager who was also the provider, was at the home most days. The registered manager understood their role and responsibilities. Records we looked at showed that the registered manager sent the required notifications to us within the required timescale as required. This meant we were kept up to date with events in the home in between our inspections. People were clear about who the registered manager was and felt they could approach them if they wanted to talk about anything and that they would listen and make changes as a result of this.

We saw the registered manager was approachable and spent time with people and staff. The registered manager spoke with people in a supportive way and ensured people’s needs were met. For example, we saw the registered manager provided guidance and support to staff on the day of our inspection. All staff that we spoke with felt they were well supported in their caring roles by the registered manager and provided good care to people who lived at the home. One staff member told us, “I absolutely love my job. [Registered manager’s name] is supportive and approachable.” Another staff member said, “I get on very well with [registered manager’s name]. If I have got any problems I can talk these through with [registered manager’s name] and they always take time to listen.”

We found that arrangements were in place that enabled people to make their views known about the running of the home. We saw meeting minutes and people we spoke with, confirmed that regular meetings were planned for them to raise issues and give their views on the services provided. During a recent meeting a group of people had said that they would like to go to on a specific holiday. The

registered manager told us that people favoured this type of holiday because they had enjoyed it so much on a previous occasion and plans were being made for that to happen.

We observed people who lived at the home and staff worked together to create an open and inclusive atmosphere. There was much friendly conversations between staff and people who lived at the home, who spoke openly and warmly to each other.

The staff told us they could attend staff meetings and these were a two way conversation with the registered manager. They told us they felt supported and could approach the registered manager, who had a visible presence in the service. We could see that staff enjoyed working at the home, they looked happy and they told us they enjoyed their job. We observed staff worked together as a team and they were organised and efficient.

All staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. We found that the registered manager had taken action where staff did not work to the standard that they should. Time and support was given to bring about improvement. Where improvement was not made the registered manager had at times made the decision that the staff member could no longer work there.

Staff told us and we saw the registered manager worked closely with the staff to ensure regular checks were carried out. These included checks of care plans, medicines and the premises. This showed that the registered manager was able to identify any shortfalls and put plans in place for improvement. For example, we saw the frequency of formal staff supervisions had lapsed. When we spoke with the registered manager they were already aware of the infrequency of formal staff supervisions. They showed us the plans to make formal supervisions with staff more regular once again.

While the registered manager worked closely with staff they told us this enabled them to observe staff practices and the quality of the care people received. The registered manager told us they carried out regular observations of staff communications with people. This was to assess how well people’s privacy and dignity was respected and this was followed up by monthly observations by a service delivery manager. If improvements were needed, then this was followed up with individual training. This showed that the

Is the service well-led?

registered manager was monitoring the quality of care and service people received with a view to making improvements for the benefit of people who lived at the home.